U.S. Department of Labor **Employment Standards Administration** Office of Labor-Management Standards Washington, DC 20210

FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT

Form Approved Office of Management and Budget No. 1215-0188

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 IN TOTAL ANNUAL RECEIPTS

Expires: 11-30-2002

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 2. PERIOD COVERED For Official Use Only 1. FILE NUMBER 3. (a) AMENDED — If this is an amended report correcting a previously MO DAY YEAR filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its 029-708: terminal report, see Section X of the instructions and check here: Through / 2 3 / 2000 8. MAILING ADDRESS (Type or print in capital letters.) First Name CHARLES **IMPORTANT** Peel off the address label from the back of the package KATUWICH and place it here. If the label information is correct, leave Items 4 through 8 blank. P.O. Box • Building and Room Number (if any) If any of the label information is incorrect, complete items 4 through 8. Number and Street 13017 PARKLANE DR. 4. AFFILIATION OR ORGANIZATION NAME MEADVILLE 5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER 7. UNIT NAME (if anv) PA 14335-4 ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) Item Number AUDIT COMPLETED BY INTERNATIONAL REPRESENTATIVE Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.) **PRESIDENT** 21. SIGNED: **TREASURER** (If other title. (If other title.

Form LM-4 (Revised 2000)

Date

see instructions.)

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see instructions.)

Telephone Number

Complete Items 9 through 18.

- 12. Was your organization insured by a fidelity bond during the reporting period?

If "Yes," enter the maximum amount recoverable under the bond for loss caused by any person.

13. How many members did your organization have at the end of the reporting period?



No

No

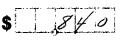
14. Enter the total value of your organization's assets at the end of the reporting period (cash, bank accounts, equipment, etc.).

15. Enter the total liabilities (debts) of your organization at the end of the reporting period (unpaid bills, loans owed, etc.).

16. Enter the total receipts of your organization during the reporting period (dues, fees, interest received, etc.). (If \$10,000 or more, your organization must file Form LM-2 or LM-3 instead of this form.)

17. Enter the total disbursements made by your organization during the reporting period (per capita tax, loans made, net payments to officers, payments for office supplies, etc.). \$ 2492

18. Enter the total payments to officers and employees during the reporting period (gross salaries, lost time payments, allowances, expenses, etc.).



\$ 2825

3514

Please be sure to:

- Enter your union's 6-digit file number in Item 1.
- Report a time period of no more than one year in Item 2.
- Have your union's president and treasurer sign the Form LM-4 in Items 20 and 21.
- FILE ON TIME. Form LM-4 must be filed within 90 days after the end of your union's fiscal year.